

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09694

Reg. Diat. No. 166

1. PLACE OF DEATH:

County Garrett
 City or town Mt. Lake Park, Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30-days

Hospital, institution, or street address where death occurred:

Kiser Nursing Home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State W.Va. County HampshireCity or town Junction
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

Edward Thompson Blackburn

3.(b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

MaleWhiteSingle

6.(b) Name of husband or wife

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

May 10, 1859

8. AGE:

Years

Months

Days

If less than one day

88510

hrs.

min.

9. Birthplace Hampshire Co., W.Va.
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name James David Blackburn

13. Birthplace

W.Va.14. Maiden name Susan Spencer

15. Birthplace

W.Va.16. Informant Mrs. Beulah StickleyAddress 23 Bailey St. Keyser, W. Va.17. Burial Date thereof 10-23-47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory High Family CemeteryLocation Junction, W.Va.18. Funeral director N.H. RogersAddress Keyser, W.Va.19. 10-23-47
(Date rec'd by registrar)Registrar Julia A. Rowan

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 20, 19 47, at 11 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 2nd 19 47 to October 20th 19 47
and that I last saw him 1 m alive on October 20 19 47Immediate cause of death heart failureDURATION 1 hourChronic Colitis and Enteritis by History
Weakness and General Debility

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE Edgar W. Williams M. D. or otherAddress Oakland, Maryland Date signed 10-23-47

Mr. C. C. Freeman

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NOV 4 1947
BUREAU

330

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09095

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

County GarrettCity or town Oakland, Maryland.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 48 years.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Oakland, Maryland.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mrs. Margaret Catherine Hamill.

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widow6. (b) Name of husband or wife Moses R. Hamill.Deceased

7. Birth date of 6. (c) If alive, give age _____ years

deceased (mo., day, yr.) August 28th, 1858.

8. AGE: Years Months Days If less than one day

89 1 13 _____ hrs. _____ min.9. Birthplace Garrett County.

(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

12. Name Phillip Doffort.13. Birthplace Pennsylvania.14. Maiden name Rachel Miller.15. Birthplace Garrett County.16. Informant Mrs. May Loraditch.Address Oakland, Maryland.17. Burial Date thereof Oct. 11/47

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Oakland, Cemetery.Location Oakland, Maryland.18. Funeral director Emory D. BoldenAddress Chablis, Md.19. 107 11/ 19 47 Julia A. Rowan

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 9th 19 47 at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

December 10 19 46 to January 15 19 47and that I last saw her alive on July 15 19 47

Immediate cause of death _____ DURATION

Coronary occlusion.

Due to _____

Enter 3 clauses

Due to _____

Other conditions _____

Major findings of operations _____

Antopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE A. E. Mance MdAddress Oakland Md M. D. or otherDate signed 11 Oct 47

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OCT 27 1947

BUREAU 68

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09096

CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH:

County Sarrett
 City or town Windes
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 mo.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SarrettCity or town Windes
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Gatha May Helmick

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Samuel Helmick7. Birth date of deceased (mo., day, yr.) Sept 1, 1892 6. (c) If alive, give age 61 years8. AGE: Years 55 Months _____ Days _____ If less than one day _____ hrs. _____ min.9. Birthplace Parsons, Tucker - N. Va
(Town, county, and state)10. Usual occupation Domestic11. Industry or business Own home12. Name Jacob C. Zaifftu13. Birthplace N. Va14. Maiden name Hannah Phillips15. Birthplace N. Va16. Informant Carl HelmickAddress Windes, Md.17. Burial Date thereof Oct 17, 47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Shiloh CemeteryLocation Westernport, Md.18. Funeral director Edgarworth, J. J. & SonsAddress Westernport, Md.19. _____ 19. _____
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 15 1947 at 10:35 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1947 to Oct 11 1947and that I last saw him on Dec 11 1947Immediate cause of death Coronary ThrombosisDue to ArteriosclerosisDue to Hypertension

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Ralph C. Landella M.D.Address Westernport, Md. Date signed Oct 15, 47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

87c

09097

CERTIFICATE OF DEATH

Reg. Dist. No. 167

1. PLACE OF DEATH:

County Garrett
City or town Red House Maryland.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Several Years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett
City or town Red House, Maryland.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Vida Ellen Jones.

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Married.

6. (b) Name of husband or wife Alvah K. Jones.

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 10th, 1880.

8. AGE: Years Months Days If less than one day
67 2 8 hrs. min.

9. Birthplace Scalp Level, Somerset County.
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

12. Name David T. Lehman.

13. Birthplace Scalp Level, Somerset. County.

14. Maiden name Katherine Seese.

15. Birthplace Scalp Level, Somerset, County

16. Informant Rev. Alvah K. Jones.
Oakland and R. A. 2
Address Red House, Maryland.

17. Burial Date thereof October 20/47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Richland Cemetery.

Location Johnstown, Pa.

18. Funeral director Emory D. Bolden

Address Oakland, Md.

19. 10/19/47 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH October 17th, 1947, at 12:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 18 1945 to Oct. 14 1947
and that I last saw her alive on 14 Oct 1947

Immediate cause of death

DURATION

Hypostatic pneumonia.

6 day

Due to Pulmonary disease

Syn

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

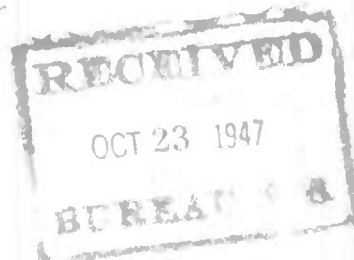
23. SIGNATURE R. S. Name M. D. or other

Address Oakland, Md. Date signed 18 Oct 47

MARGIN RESERVED FOR BINDING

VS A15 9-45-54

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1318

09508

CERTIFICATE OF DEATH

Reg. Dist. No. 178

1. PLACE OF DEATH:
County Garrett
City or town Rural- Vindex
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 36yrs.
Hospital, institution or street address where death occurred:
1 Mile West
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Rural- Vindex
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1 Mile West
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME
Rachael Annie Knox

3. (b) Social Security Number
None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Charles Hezekiah Knox
7. Birth date of deceased (mo., day, yr.) June 14, 1872 B.(c) If alive, give age 77 years
8. AGE: Years 75 Months 4 Days 15 If less than one day
.....hrs.min.

9. Birthplace Garrett Co., Md.
(Town, county, and state)
10. Usual occupation Housework
11. Industry or business Own Home
12. Name Thomas J. Broadwater
13. Birthplace Garrett Co., Md.
14. Maiden name Betty Miller
15. Birthplace Garrett Co., Md.

16. Informant Chas. H. Knox,
Address Vindex, Md.

17. Burial Date thereof Nov. 2, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory I.O.O.F. Cemetery
Elk Garden, W.Va.
Location Otha F. Sharpless

18. Funeral director
Address Blaine, W.Va.

19. Date rec'd by registrar Nov 1 1947 Registrar Arthur B. Smith

MEDICAL CERTIFICATION
20. DATE OF DEATH October 29 1947 at 7:30P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 32 October 29th 1947
and that I last saw him er October 29th 1947 alive on

Immediate cause of death Dilated heart
Due to Valvular Heart Lesion
chronic Nephritis

Other conditions
(Include pregnancy within 8 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Edward E. Sollen
M. D. or other
Address Oa kland, Maryland Date signed 11-1-47

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NOV 14 1947

BUREAU V S

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09098

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett
 City or town Bloomington, Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett
 City or town Deer Park, Md.
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Leona Pearl Mayle

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Single

8.(b) Name of husband or wife _____

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) July 1st, 1930

8. AGE: Years Months Days It less than one day
17 3 30 _____ hrs. _____ min.

9. Birthplace Shaw, W. Va.
 (Town, county, and state)

10. Usual occupation Student

11. Industry or business _____

12. Name Carl Divine Mayle.13. Birthplace Deer Park, Md.14. Maiden name Jennie F. Paugh.15. Birthplace Vindex, Md.16. Informant Carl D. Mayle.Address Deer Park, Md.

17. Burial Date thereof Nov. 26/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Deer Park Cemetery.Location Deer Park, Md.18. Funeral director Emory P. BaldereAddress Dakota St. N.E.

19. 11/2/47 19 47 Julius G. Rowan
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30 19 47 at 8:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

examined after death

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death Accidental Drowning

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

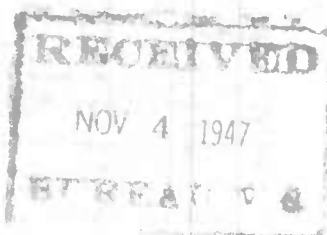
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 10/30/47
 Where did injury occur? Bloomington Garrett Md.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) on bridge
 Means of injury carrying bridge Injured at work? no

23. SIGNATURE C. D. Bauman M. D. or other _____
 Address Dakota St. N.E. Date signed 10/31/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 69509 172

1. PLACE OF DEATH:
County Garrett
City or town Kitzmiller
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 72yrs.
Hospital, institution, or street address where death occurred:
Main Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Kitzmiller
(If outside city or town limits, write RURAL and give nearest town)
Street No. Main Street
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME
Victor Grant Pew

3. (b) Social Security Number
213-01-6611

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Cora Pearl (Browning) Pew

7. Birth date of deceased (mo., day, yr.) December 10, 1874 6. (c) If alive, give age 72 years

8. AGE: Years 72 Months 10 Days 15 If less than one day
hrs. min.

9. Birthplace Kitzmiller, Garrett Co., Md.
(Town, county, and state)

10. Usual occupation retired-

11. Industry or business

12. Name W. Scott Pew
Penna

13. Birthplace

14. Maiden name Susan Kitzmiller
Kitzmiller, Md.

15. Birthplace

16. Informant Mrs. Cora Pew
Address Kitzmiller, Md.

17. Burial Oct. 28, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hamill Cemetery
Kitzmiller, Md.
Location

18. Funeral director Otha F. Sharpless
Address Blaine, W. Va.

19. Oct 27 19 47
(Date rec'd by registrar) Registrar W. Barick

MEDICAL CERTIFICATION

20. DATE OF DEATH October 25 19 47 at 2P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 19 47 to Oct. 25 19 47
and that I last saw him alive on Oct. 25 19 47

Immediate cause of death

Coronary Thrombosis
Due to Coronary Heart Disease 1 yr
Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ralph Calandrelli M.D.

Address Oct. 27-47 Kitzmiller, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

09099

1. PLACE OF DEATH:

County Garrett
 City or town Mt. Lake Park
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 61 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland. County Garrett
 City or town Mt. Lake Park
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. -----
 (If rural, give LOCATION)

 2.(a) If veteran, name war -----

3. (a) FULL NAME

Warren Rathbun

3. (b) Social Security Number

219-01-5909

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Florence Rathbun
 6.(c) If alive, give age 68 years
 7. Birth date of deceased (mo., day, yr.) January 22, 1875
 8. AGE: Years 72 Months 8 Days 20 If less than one day
 ----- hrs. ----- min.

9. Birthplace Wheeling, W. Va.
 (Town, county, and state)
 10. Usual occupation Woodworking Mechanic
Planeing mill
 11. Industry or business

12. Name Clarence M. Rathbun
 13. Birthplace Jamestown, N. Y.
 14. Maiden name Mary Virgin
 15. Birthplace Littleton, W. Va.

16. Informant F. E. Rathbun
 Address Oakland, Md.

17. Burial Date thereof Oct. 15, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Oakland Cemetery
 Location Oakland, Maryland.

18. Funeral director Herbert C. Leighton
 Address Oakland, Maryland.

19. 18-15- 47
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 12, 1947 11:10P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
12 oct 1947, to 12 oct 1947
 and that I last saw him alive on 6 months ago - 1947

Immediate cause of death
Cerebral Occlusion
acute
arteriosclerosis
 Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide, Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE ES. Name M. D. or other
 Address Oakland Md Date signed 14 oct 47

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OCT 27 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09100

Reg. Dist. No. 162

1. PLACE OF DEATH:

County... Garett
 City or town... Rural Near Grantsville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5-Years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State... Md County... Garett
 City or town... Rural Near Grantsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Anna Maria Resh

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Levi Resh
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) September 19-1870
 8. AGE: Years 77 Months I Days - If less than one day _____ hrs. _____ min.

9. Birthplace... Rural Near Bittering Md
 (Town, county, and state)
 10. Usual occupation... House Work
 11. Industry or business _____

FATHER 12. Name James P. Wiley
 13. Birthplace Rural Near Bittering Md
 MOTHER 14. Maiden name Barbra Meyers
 15. Birthplace Not Known

16. Informant Mrs Minty Schaefer
 Address Grantsville Md
 17. Burial Date thereof 10-22-1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Bittering
 Location Bittering*Garett Co.-Md

18. Funeral director Wm Winterberg
 Address Grantsville Md

19. Oct 20 1947 Edna Broadwater
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 19 1947 at 8 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1947 to Oct 18 1947
 and that I last saw him alive on Oct 15 1947
 Immediate cause of death Cerebral Hemorrhage 3 weeks

Due to _____
 Due to Hypertension 10 yrs
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____
 Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE H. R. Davis M.D.
 Address Grantsville Md Date signed Oct 1947
 M. D. or other _____

MARGIN RESERVED FOR BINDING

VS A15 9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 21 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 09101
166

1. PLACE OF DEATH:

County GarrettCity or town Hoyes Run, Maryland.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Hoyes Run, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Infant John Michael Sines.

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) September 29th, 1947

6.(c) If alive, give age _____ years

8. AGE: Years Months Days If less than one day
0 0 4 _____ hrs. _____ min.9. Birthplace Hoyes Run Md. Garrett
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

12. Name Unknown13. Birthplace Unknown14. Maiden name Agnes A. Sines.15. Birthplace Freeport, W. Va.16. Informant George Sines.Address Oakland, Md. Route #1.17. Burial Date thereof Oct. 3/1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Hoyes Run Cemetery.Location Hoyes Run, Md.18. Funeral director Emory D. Bolden.Address Oakland, Md.19. 10/3/47 Julia A. Rowan
(Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October, 2nd 1947 at 100 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 29th to October 1stand that I last saw him alive on September 29th 1947Immediate cause of death Gradually grew weak from about 3 o'clock P.M. until he died according to history

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Emory D. Bolden M. D. or otherAddress Oakland, Md. Date signed 10-3-47

RECEIVED

OCT 8 1947

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